BEST AVAILABLE COPY

		<u> ያ</u> ፈላል፤ ሊሞል ም <i>ም</i> ል		944	010	203
		IN-NO-IDICE O	Applic	ation or De	ock t Nun	nber
Patent applicat Effe	ION FEE DETERM ictive October 1, 20		RD	9		
	as filed - part	<u> </u>		<u> - 01</u>		
	(Column 1)	(Column 2)	Schall enth	Y	OTMER SMALL	ENTITY
FOTAL CLAIMS	11		RATE F	EE	RATE	FEE
OR	NUMBER FILED	NUMBER EXTRA	BASIC FEE 35	5.00 OR	BASIC FIEE	710.00
TOTAL CHARGEABLE CLAIMS	// minus 20=.	• 0	X\$ 9=	OR	X\$18=	
DEPENDENT CLAIMS	minus 3 =	0	X40=		X80=	
AULTIPLE DEPENDENT CLAIM	PRESENT		+135=	OA		
If the difference in column 1	la less than zero, ente	r "0" in column 2	_	OR	+270=	
	amended - Par		TOTAL	OR.	TOTAL	710
(Cotumn 1	(Colu	mn 2) (Column 3)	Small Enti	MA OB	SMALL	
THEMAINING	NUM	BER , PRESENT		NOI- NOL	DATE	ADDI-
AMENDMEN		FOR EXTRA		EE.	RATE	TIONAL
Total . //	Minus	0	X\$ 9≟	ОЯ	X\$18=	
Independent	Blanus	3	X40=	OR	X80=	
TRST PRESENTATION OF	MULITE DEVENUEN	CLAIM: 4	+135+	ÖR	+270=	
			YOTAL		V901/00	
3/22/5 (Contervir 8)	(Colur	mn 2) (Column 3)	ADON, FEE		von Fee	
CANAL SANGER	398698	ESD	AO			ADOX-
AFREE	PREVIO	DUSTY DETRA	PARE TIC	E .	RATE	PRONAL
Your . 6	Winas	0	X\$ 0=	OB	X\$18=	
Independent - 2	Minus 900 2	#	X80=	OR	X80=	
MAST PRESENTATION OF	RULTIPLE DEPENDENT	CLAIM				
			+135=	OR	±270=	
			ADDIT. FEE	OR	YOTAL DOIT. FEE	
(Column 1) CLAROS	(Colun	ESY) ' -		
REMARKING	NUMB PREVIO	LISLY EXTRA	PATE THO	BAL 1	RATE	ADDI- TIONAL
CLANDS REMANDING AFTER AUSTRINGS INSTRUMENT TOTAL INSTRUMENT O	PAID F		- FE		V646	FEE
independent •	OCTUBE COO	=	X3.9=		X618=	
FIRST PRESENTATION OF A			X60=	OR	X80=	

The Highest Number Previously Paid For (Total or Independ rif) is the Highest number burnd in the appropriate box in column 1. TOTAL ADDIT. FEE

Patient and Tradement Office, U.S. DEPARTMENT OF COMMERCE *U.S. GPO: 2000-460-762/50103.

OR

+135=

+270=